## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

"EXPRESS MAIL" MAILING LABEL NUMBER TB608084499US eptember 1994 DATE OF DEPOSIT 23 September 1994 I HEREBY CERTIFY THAT THIS PAPER OR FEE, INCLUDING LISTED ENCLOSURES, File No. A-58103/DJB/JPB IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: THE COMMISSIONER OF PATENTS AND TRADEMARKS, Commissioner of Patents WASHINGTON, DC 20231. and Trademarks Washington, DC 20231 TYPED NAME Jan P. Bruneile sir: Transmitted herewith for filing is the patent application of Inventor(s): Samuel WEISS; Brent A. REYNOLDS For: IN VITRO MODELS OF CNS FUNCTION AND DYSFUNCTION Enclosed are also: Prior Art Statement X \_\_\_\_ Sheets of drawing, Formal \_\_\_\_, Informal <u>X</u> An Assignment of the invention to: Cost of recording to be charged to Deposit Account No. 06-1300 (Order No. A-Power of Attorney by Assignee & Exclusion of Inventor Under 37 CFR 1.32 Combined Declaration and Power of Attorney for Patent Application Declaration for Patent Application Associate Power of Attorney Small Entity Status Declaration Under 37 CFR \_ OTHER THAN A (Col. 1) (Col. 2) SMALL ENTITY SMALL ENTITY FOR: NO. FILED NO. EXTRA RATE <u>FEE</u> OR RATE FEE BASIC FEE \$355 OR \$710 TOTAL CLAIMS  $^{38}$   $^{-20}$  = x11 =\$ OR x22 =INDEP CLAIMS 2 x37 =OR x74 =[X] MULTIPLE DEPENDENT CLAIM PRESENTED +115 =OR +230 = \*If the difference in Col. 1 is less TOTAL OR TOTAL than zero, enter "0" in Col. 2. Our Check No. in the amount of \$\_\_\_\_\_ to cover the filing fee

is enclosed. NONE ENCLOSED

The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (Order No. A-). Two copies of this sheet are enclosed.

Respectfully submitted,

🕉 an P. Brunelle Reg. No. 35,081 Registration No. FLEHR. HOHBACH TEST